

Status: Finalized

I. Center Identification

Organization Name: INDIANA HAND TO SHOULDER

Street Address: 8501 Harcourt Road

City: Indianapolis

County: Marion

Administrator Name: Kathy Holmes

Administrator Email: kholmes5@iuhealth.org

ASC Web Address:

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3	
Number of procedure rooms	1	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	3864	3864		
B. Ten Most Frequent Surgical Procedures Perfe	ormed			
CPT Code		Total Procedures		
64721		880		
26055		475		
25447		217		
64718		144		
26160		121		
25000		104		
25111		95		

20680	73
26123	68
23412	58

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	